

	NAME
	ADDRESS
	DATE OF BIRTH
DMH	CHART NO.
	DATE FORM COMPLETED

ADMISSION CHECKLIST FOR CHILDREN AND YOUTH					ADDRESS			
				KLIST FOR	1.651.255			
				DUTH	DATE OF BIRTH			
PREVIOUS CONTACT WITH DMH				l — —	CHART NO.			
REFERRAL SOURCE					DATE FORM COMPLETED			
REASO	N FC	RΑ	DMISSION		L			
☐ A.	Child or youth meets criteria for Serious Emotional Disturbance (SED). (Check those that apply. Note that criteria 1 throbe met in order to qualify for services.)							
	1.	Child or youth is under 18 years of age.						
	eir ability to function at a developmentally appropriate level due to the riencing substantial impairment in two or more of the following areas:							
		a.	Self care including	their play and leisure activities				
		b.	Social relationships	s: ability to establish or maintain	satisfactory relationships with peers and adults.			
		c.	Self-direction: inclu	des behavioral controls, decision	on-making, judgment and value systems;			
		d.	regulation and ph		valent of a family (for a child birth through six years, consider behavior nal, motor or affective processing, and an ability to organize a e state);			
		e.	Learning ability;					
		f.	Self-expression: ab	oility to communicate effectively	with others.			
	3.	Child or youth has a serious psychiatric disorder as defined in Axis I of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). An "exclusive" diagnosis of V Code, conduct disorder, mental retardation, developmental disorders, or substance abuse as determined by a Department of Mental Health, Comprehensive Psychiatric Services provider, does not qualify as a serious emotional disturbance. Children from birth through three years may qualify with an Axis I or Axis II diagnosis as defined in the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC 0-3). List diagnosis:						
	4.	Child or youth is unable to function, as described, and requires mental health intervention. Further judgement of a qualific mental health professional should indicate that treatment has been or will be required longer than six months.						
	5.	Child or youth requires two or more state and/or community agencies or services to address the youth's serious psychiatridisorder and improve their overall functioning. Please list needed services.						
□ в.	Fur	ther	evaluation is needed	d to determine criteria for SED.				

- $\hfill \Box$  C. Juvenile Court evaluation as defined under RSMo. Chapter 211.
- ☐ D. Child court-ordered to mental heath center/Department of Mental Health for evaluation or treatment.

## ADMISSION CHECKLIST FOR CHILDREN AND YOUTH (CONTINUED) L. Child or youth meets the acute criteria. (Check those that apply. Note that Criteria 1 through 3 must be met in order to qualify for Acute Services.) 1. Child or youth is under 18 years of age. 2. Child or youth has, or can be given, as DSM-IV, Axis I diagnosis (excepting an exclusive diagnosis of conduct disorder, mental retardation, developmental disorder or substance abuse.) List diagnosis: In addition to the DSM-IV, Axis I diagnosis, the child or youth is exhibiting one or more of the following: (Check all areas that apply.) A danger to self or others, actively suicidal or actively homicidal due to a serious psychiatric disorder. Acute psychotic episode in which the individual is responding to the environment in a manner which could place them or others at risk. Out of control behavior/impulses which seriously impact family and social relationships and/or daily functioning due to a serious psychiatric disorder. Acute crisis related to a stress disorder, i.e., flashbacks, severe nightmares, night terrors, and/or extreme anxiety which severely impairs daily functioning. Other (please specify) QMHP SIGNATURE DATE